

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 08/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	120,198,262	+ 2.7 %
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See cover letter;  
(Adopt 1/1/09 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY  
Name of Company

Steve Kreider – WC Associate Product Manager

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

AUG 01 2009

SPRINGFIELD, ILLINOIS

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,138,768	+2.7%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See cover letter:  
(Adopt 1/1/09 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

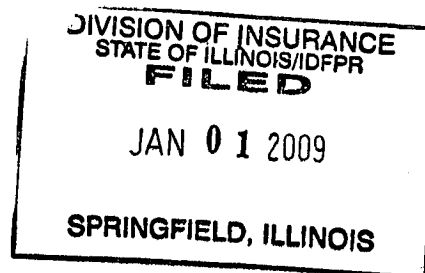
\*\* Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official – Title



## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	36,163,552	+2.7%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 1/1/09 Advisory Rates

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

## ACE PROPERTY &amp; CASUALTY INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official — Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

**RECEIVED**

DEC - 4 2008

**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD**

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$50,283</u>	<u>3.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI January 1, 2009 rates.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

Alaska National Insurance  
Company

Name of Company

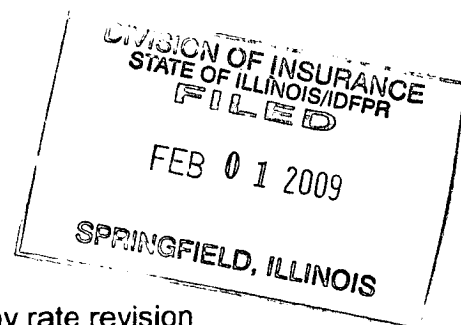
Edith Goodgame,  
V-P Underwriting Services

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective 02/01/2009.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damag Private Passenger	0	0
Commercial	0	0
3. Liability Other Than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0
15. Other Workers Compensation	10,084,102	3.8%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Does not only apply to certain classes or territory.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

The intent of this filing is to adopt the Illinois workers compensation voluntary advisory rates as filed by NCCI on behalf of carriers authorized to do so.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

AmCOMP Assurance Corporation

Name of Company

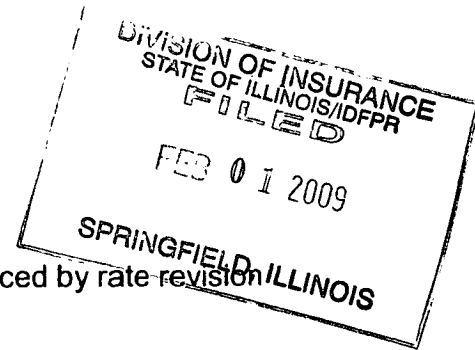
Jayson Taylor

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 02/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	0	0
	Commercial	0	0
2.	Automobile Physical Damag Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Workers Compensation	6,927	6.27%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Does not only apply to certain classes or territory.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

AmCOMP is filing a 1.72 LCM to apply to the 01.01.2009 NCCI loss costs. AmCOMP will continue to use its scheduled rate plan as is on 1-1-09.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

AmCOMP Preferred Insurance Company

Name of Company

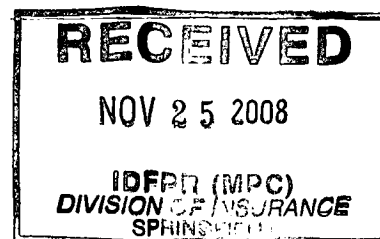
Jayson Taylor

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	<u>\$133,392</u>	<u>+0.4%</u>
	<u>Life of Insurance</u>		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPD  
JAN 25 2009

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

JAN 01 2009

SPRINGFIELD, ILLINOIS

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Filing to adopt NCCI's Approved Loss Costs and Rating Values

per Circulars IL-2008-07 and IL-2008-13

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

American Automobile Insurance Company

Name of Company

Senior Vice President - Chief Compliance Officer

Official - Title

# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: ~~4/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,325,121	3.3%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
~~4/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

\* In-force Written Premium

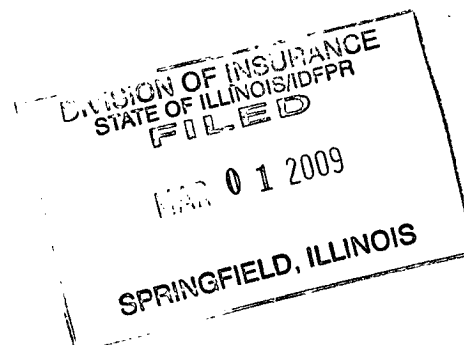
\*\* Change in Company's premium level which will result from application of new rates.

American Casualty Company of Reading, PA

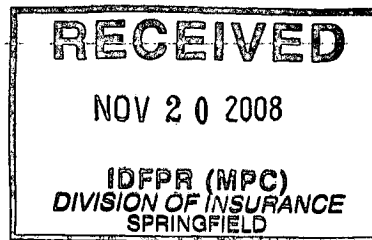
Name of Company

Sean Ramlal - Actuarial Analyst

Official - Title







Illinois

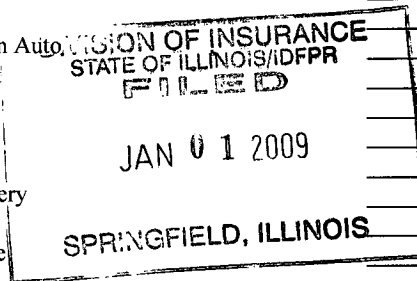
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

1/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,325,121	3.3%
16. Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
1/1/2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

American Casualty Company of Reading, PA

Name of Company

Sean Ramlal - Actuarial Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$32,029	+0.38%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

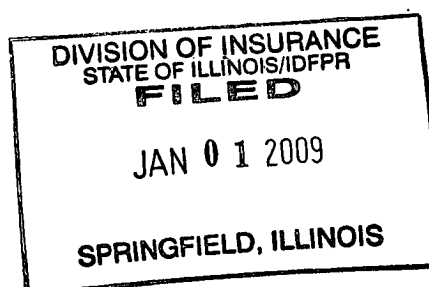
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting the 1/1/2009 NCCI Loss Cost filing including Miscellaneous Values with no change to our LCM of 1.30.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

American Compensation Insurance Company  
Name of Company

Wendy J. Book - Corporate Compliance Manager  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	3,879,597	4.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

American Guarantee and Liability Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title

 DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

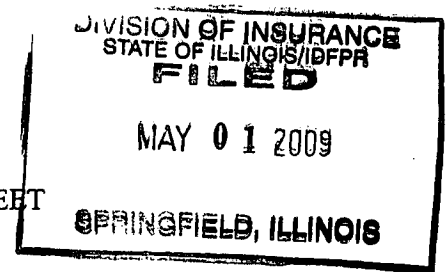
JAN 01 2009

SPRINGFIELD, ILLINOIS

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NOV 24 2008

 IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> Line of Insurance	\$276,700	-10.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt NCCI's January 1, 2009 loss costs for use with policies effective May 1, 2009. Loss costs will be adjusted by our multipliers of 1.985 for hardware class 8010; 1.898 for wholesale class 8018; 1.812 for Implement Dealers class 8116; 2.400 for all other classes of business. This change will result in an overall rate level decrease of 10.0%.

\* Adjusted to reflect all prior rate changes.

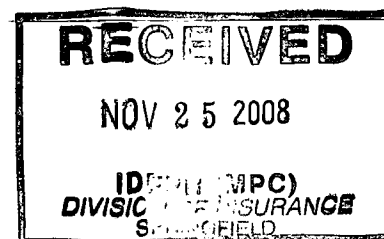
\*\* Change in Company's premium level which will result from application of new rates.

American Hardware Mutual  
Insurance Company  
Name of Company

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damag		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$3,190,406	+1.74%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR

JAN 01 2009

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):  
per Circulars IL-2008-07 and IL-2008-13

SPRINGFIELD, ILLINOIS

Filing to adopt NCCI's Approved Loss Costs and Rating Values

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

The American Insurance Company

Name of Company

Senior Vice President - Chief Compliance Officer

Official - Title

# Illinois

## ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4-1-09

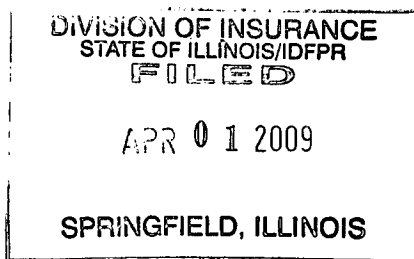
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hall		
15. Workers Compensation	\$ 16,594,459	3.8%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of 1/1/2009  
NCCI Advisory Loss Costs with a delayed effective date of April 1, 2009. to be effective for all  
new and renewal policies on and after April 1, 2009.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



American Interstate Insurance Company  
 Name of Company  
Kathy Wells, State Filing Coordinator  
 Official — Title

WC-IL-6

Printing 2/02

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	9,806,254	-4.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

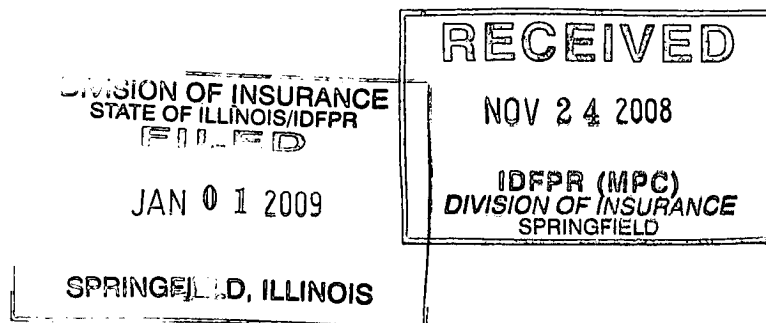
\*\*Change in Company's premium level which will result from application of new rates.

American Zurich Insurance Company

Name of Company

Denise Goode, Secretary

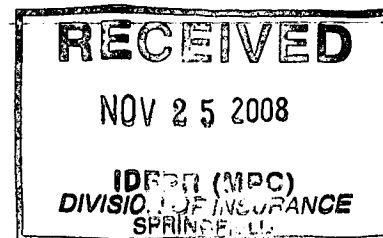
Official - Title



## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$49,869	+2.1%
	Life of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFP  
JAN 01 2009

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No **SPRINGFIELD, ILLINOIS**

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Filing to adopt NCCI's Approved Loss Costs and Rating Values

per Circulars IL-2008-07 and IL-2008-13

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Associated Indemnity Corporation

Name of Company

Senior Vice President - Chief Compliance Officer

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	1,742,661	6.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

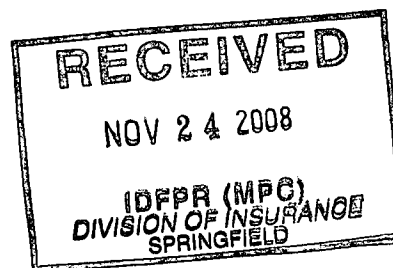
\*\*Change in Company's premium level which will result from application of new rates.

Assurance Company of America

Name of Company

Denise Goode, Secretary

Official - Title



DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFP  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damag		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	1,822,000	3.5%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Advisory Voluntary Workers' Compensation Rates And Minimum  
Premiums Filed By NCCI and a -10% Deviation For Class Code 9082 - Restaurants NOC

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Badger Mutual Insurance Company

Name of Company

Terry Falls - Workers' Compensation Coordinator

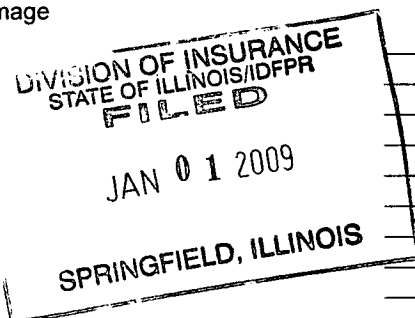
Official - Title

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,063,479	32.1% - note filing memorandum
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Applicable to all territories and classificationsBrief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI

Loss Costs referenced in approval circular IL-2008-13 and to revise the loss cost multiplier for Carolina Casualty Insurance Company from 1.41 to 1.863. The company is introducing a new pricing tier. Please see the filing memorandum for a detailed explanation on the revised pricing structure. No premium impact to current policyholders is anticipated by this revision.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Carolina Casualty Insurance Company

Name of Company

Stacy E. Adams – Sr. Compliance & Regulatory Specialist

Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	9,138,318	6.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the loss cost multiplier from 1.661 to 1.698. The filing maintains the current approved deviation of +10.0%.

\* Adjusted to reflect all prior rate changes

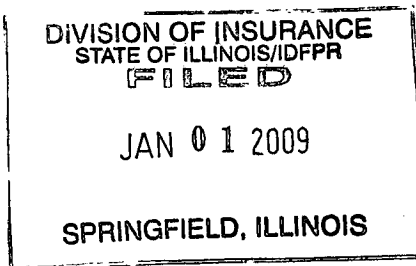
\*\* Changes in Company's premium level which will result from application of new rates.

Charter Oak Fire Insurance Company

Name of Company

2nd Vice President

Official - Title



WC-IL-7

Printing 08/95

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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_

01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> Line of Insurance	4,310,908	1.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Applies to all territories and classes. \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of the 1/1/09 loss costs published by NCCI (NCCI Circular # IL - 2008 - 07) \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

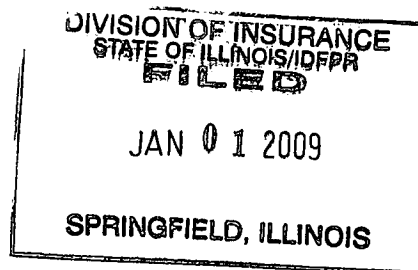
\*\*Change in Company's premium level which will result from application of new rates.

Chubb Indemnity Insurance Company

Name of Company

Assistant Vice President

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	132,765	6.4%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

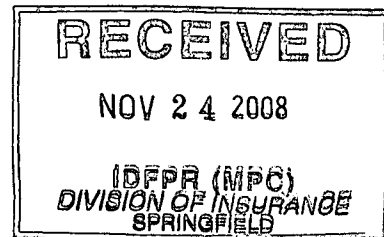
Colonial American Casualty and Surety Company

Name of Company

Denise Goode, Secretary

Official - Title

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STATE OF ILLINOIS  
JAN 01 2009  
SPRINGFIELD, ILLINOIS



# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: ~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,906,904	4.0%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

\* In-force Written Premium

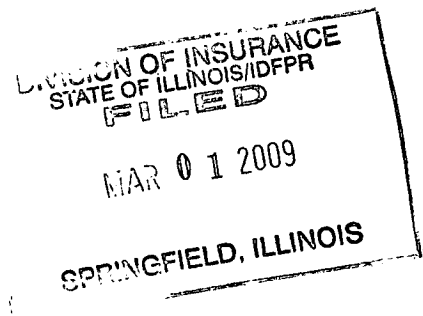
\*\* Change in Company's premium level which will result from application of new rates.

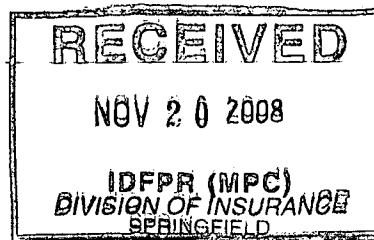
Continental Casualty Company

Name of Company

Sean Ramlal - Actuarial Analyst

Official - Title





Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

1/1/09

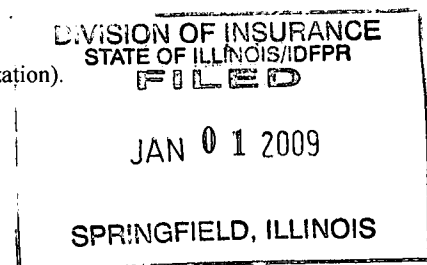
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,906,904	4.0%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of 1/1/2009



\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Continental Casualty Company  
Name of Company

Sean Ramlal - Actuarial Analyst  
Official - Title



## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision  
effective 1/1/2009.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$1,900,000	+7%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Adopt NCCI Voluntary Market Rates and Rating Values effective

1/1/2009. Reference Circular IL-2008-13

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Dakota Truck Underwriters

Name of Company

*Holly DuBord*

Official - Title

*Holly DuBord*  
State Filings Coordinator

Illinois

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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

## ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1-1-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	<u>12,588,820</u>	<u>-1%</u>

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

FILING APPLIES TO ALL TERRITORIES.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

ILLINOIS VOLUNTARY MARKET ADVISORY RATES, LOSS COSTS  
AND RATING VALUES, EFFECTIVE 1-1-2009, FOR NEW AND  
RENEWAL POLICIES, AS SUBMITTED BY NCCI FILING

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

CIRCULAR IL-2008-07.DIAMOND INSURANCE

Name of Company

GROUPDOREEN PARKS -

Official Title

BUSINESS DEVELOPMENT  
SPECIALIST.

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	14,217,715	+9.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

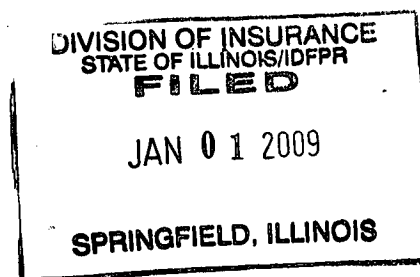
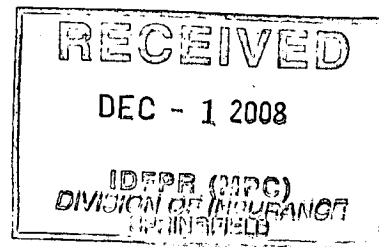
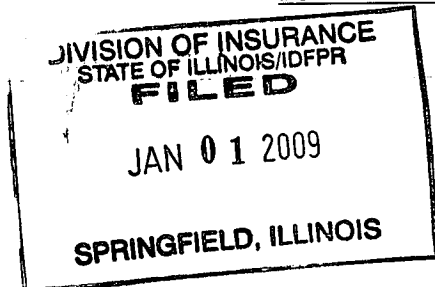
\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau  
Name of Company

Bonnie Roeder

State Filings Analyst  
Official - Title



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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,774,996	+6.0%
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI circulars IL-2008-07 and IL-2008-13 effective 1/1/2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Company

Name of Company

*Ross Fonticella*

Ross C. Fonticella, ACAS, MAAA  
Vice President and Manager

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

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DEC 15 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

01/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$10,935,231	+5.2%
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**  
JAN 01 2009  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI circulars IL-2008-07 and IL-2008-13 effective 1/1/2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Exchange

Name of Company

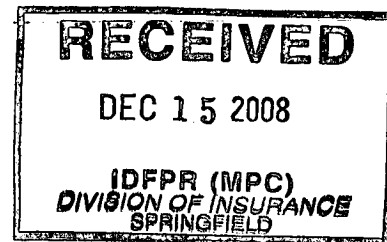
*Ross Forticella*

Ross C. Forticella, ACAS, MAAA  
Vice President and Manager

Official - Title

Form (RF-3)

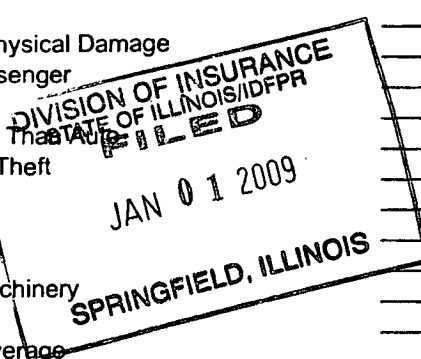
ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

01/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$673,480	+6.1%
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI circulars IL-2008-07 and IL-2008-13 effective 1/1/2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Company of New York

Name of Company

  
Ross C. Fonticella, ACAS, MAAA  
Vice President and Manager

Official - Title

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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$25,902	+1.2%

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**  
JAN 01 2009  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI circulars IL-2008-07 and IL-2008-13 effective 1/1/2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Property &amp; Casualty

Name of Company

Ross C. Fonticella, ACAS, MAAA  
Vice President and Manager

Official - Title

## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$4,415,000</u>	<u>4.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

(1) We are adopting the NCCI approved 1/1/2009 voluntary loss costs.

(2) We are revising our premium discount tables. Please see Exhibit 1.

This is the NCCI Advisory Type B table.

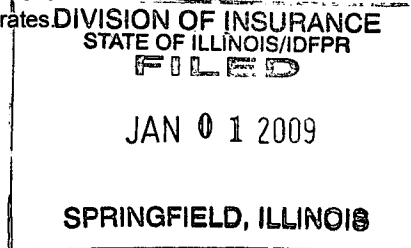
(3) We are revising downward deviations for classes 9082 and 9083 which currently vary by company.

Please see Exhibit 2.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will

result from application of new rates.



Farmers Insurance Exchange

Name of Company

*James J. Gebhard*  
James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,887,941	4.6%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the loss cost multiplier from 0.905 to 0.925. The filing maintains the current approved deviation of -40.0%.

\* Adjusted to reflect all prior rate changes

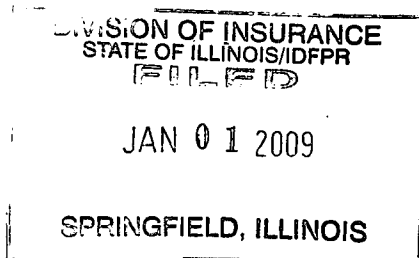
\*\* Changes in Company's premium level which will result from application of new rates.

Farmington Casualty Company

Name of Company

2nd Vice President

Official - Title



WC-IL-7

Printing 08/95

**RECEIVED**

DEC 18 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_

01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u> Line of Insurance	36,662,439	1.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Applies to all territories and classes. \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of the 1/1/09 loss costs published by NCCI (NCCI Circular # IL - 2008 - 07) \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Federal Insurance Company

Name of Company

Assistant Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	777,682	6.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Fidelity and Deposit Company of Maryland

Name of Company

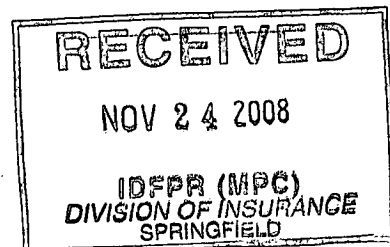
Denise Goode, Secretary

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

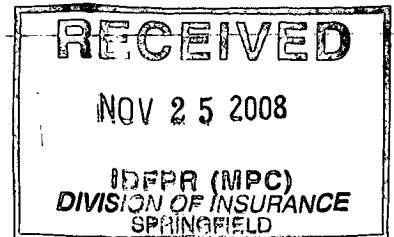
SPRINGFIELD, ILLINOIS



## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damag Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$721,844	+2.8%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

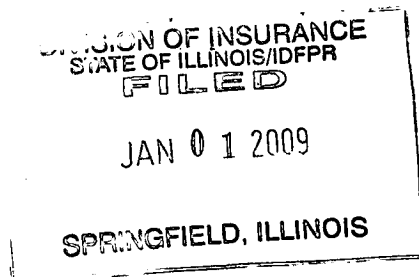
Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Filing to adopt NCCI's Approved Loss Costs and Rating Values

per Circulars IL-2008-07 and IL-2008-13

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.



Fireman's Fund Insurance Company

Name of Company

Senior Vice President - Chief Compliance Officer

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

2/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers Compensation</u> Line of Insurance	5,650,702	+16.8%

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

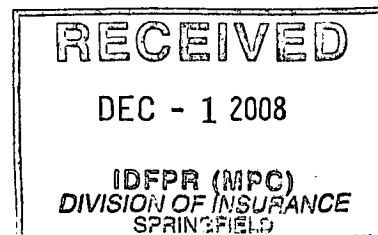
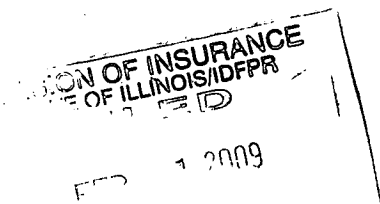
The First Liberty Insurance Corporation

Name of Company

Bonnie Roeder

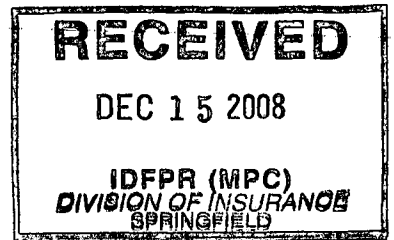
State Filings Analyst

Official - Title



Form (RF-3)

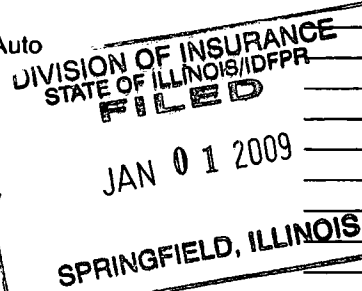
ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

01/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$712,261	+4.8%



Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI circulars IL-2008-07 and IL-2008-13 effective 1/1/2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

~~Eric Laguerre~~ Eric Laguerre Flagship City Ins. Co.  
Name of Company

Ross Fonticella  
Ross C. Fonticella, ACAS, MAAA  
Vice President and Manager  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,885,000	24.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI 1-1-2009 loss costs

\*Adjusted to reflect all prior rate changes.

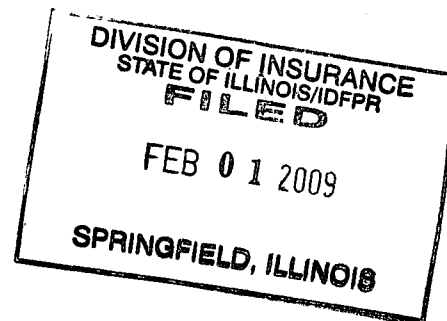
\*\*Change in Company's premium level which will result from application of new rates.

Great Divide Insurance Company

Name of Company

Michelle Freitag, Consulting Actuary

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	1,114	3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of National Council on Compensation Insurance (NCCI) advisory rates as contained in IL-2008-13

\*Adjusted to reflect all prior rate changes.

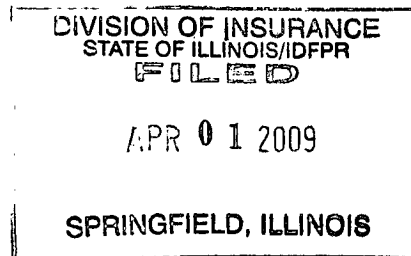
\*\*Change in Company's premium level which will result from application of new rates.

Greater New York Mutual Insurance Company

Name of Company

Denise Murray

Official - Title





**RECEIVED**

DEC 18 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	895,024	.001
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/09 loss costs published by NCCI (NCCI Circular # IL - 2008 - 07)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Great Northern Insurance Company

Name of Company

Assistant Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

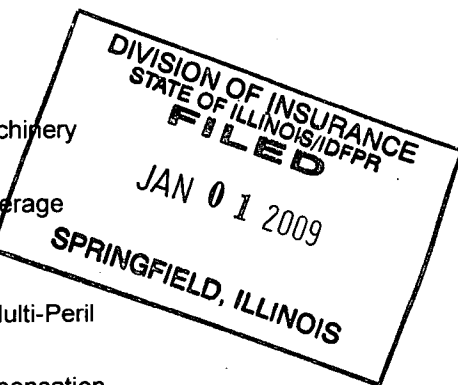
JAN 01 2009

SPRINGFIELD, ILLINOIS

# ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance		
	5,456,385	+5.7%



Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing to maintain  
currently approved deviation of 1.050 to be used effective January 1, 2009 and applied to all January 1, 2009 rates  
approved in NCCI Circular IL-2008-13. Also, filing a change in our hazard group election, revising our Premium  
Determination for Partner and Sole Proprietors, and revising our Basic Manual Exception page.

\* Adjusted to reflect all prior rate changes.

\*\* change in Company's premium level which will result from application of new rates.

Great West Casualty Company  
Name of Company

Janice L. Hohenstein, Actuarial Analyst  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	93,328	0.4%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are adopting IL-2008-13, without changes to company loss cost multiplier.

\*Adjusted to reflect all prior rate changes.

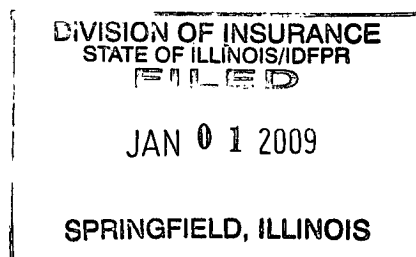
\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,294,157	0.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

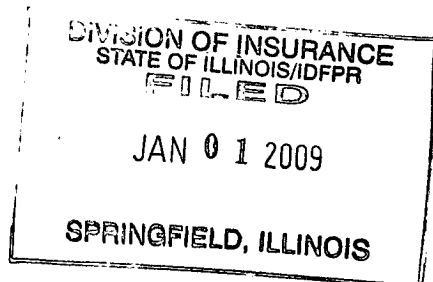
We are adopting IL-2008-13, without changes to company loss cost multiplier. \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Mutual Insurance Company  
Name of Company

Scott Reddig, Chief Actuary & SVP  
Official - Title



DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 01-01-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers	\$163,165	-8.5%
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No, all classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

The purpose of this filing is to adopt the NCCI Loss costs contained in approval Circular IL-2008-13 effective 01-01-09. Our loss cost multiplier will change from 2.43 to 2.17. This will result in an overall rate change of -8.5% based on Harco's premium distribution.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Harco National Insurance  
Company

Name of Company

Al Birch, Sr. Vice President  
Official - Title

## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1) <u>Coverage</u>	2007 (2) GPW Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger	_____	_____
Commercial	_____	_____
2. Automobile Physical Damage		
Private Passenger	_____	_____
Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	<u>2,228,651</u>	<u>-9.88%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No certain territory. No certain class.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

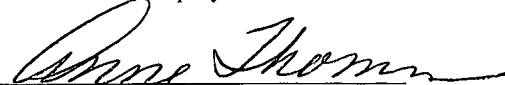
We are adopting National Council on Compensation Insurance (NCCI) 01/01/2009 Illinois Advisory Rates and Miscellaneous Values. We are applying -10% rate deviation to all classes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates. Premium change reflects adoption of 01/01/2009 advisory rates and application of the above rate deviation.

Illinois Casualty Company

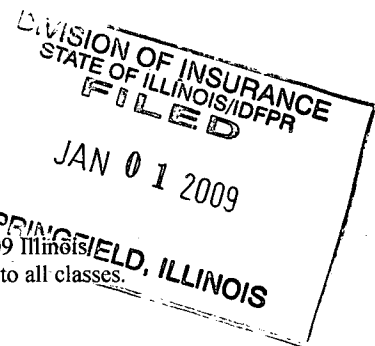
Name of Company



Official--Title

Anne Thomas, Program Manager

Nov 10, 2008



## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 08/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	110,330,646	+2.7%
16. Other _____		
Line of Insurance		

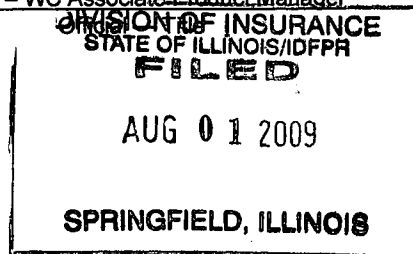
Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See cover letter;  
(Adopt 1/1/09 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA  
Name of Company

Steve Kreider - WC Associate Product Manager



H29219D

Michael L. Wiseman,  
Treasurer

---

Official - Title



**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009.

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$71,075	+3.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of NCCI's Voluntary Advisory Rates, Rating Values and Retrospective Rating Plan Parameters effective January 1, 2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Insurance Company of the West

Name of Company

Tammy Steinell, Sr. Filing Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	135,710,514	-4.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Liberty Insurance Corporation  
Name of Company

Bonnie Roeder                      State Filings Analyst  
Official – Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED  
FEB 01 2009  
SPRINGFIELD, ILLINOIS

RECEIVED  
DEC - 1 2008  
IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

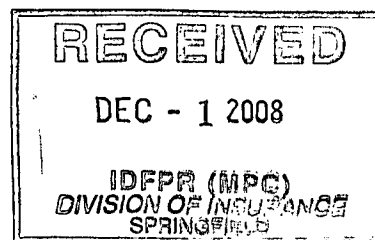
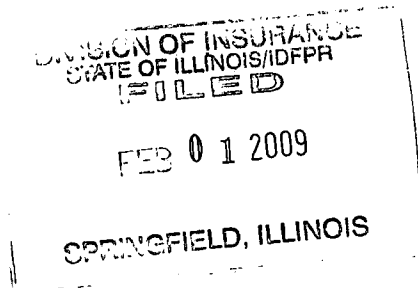
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	7,067,301	+46.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company  
Name of CompanyBonnie Roeder State Filings Analyst  
Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	53,417,444	+7.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

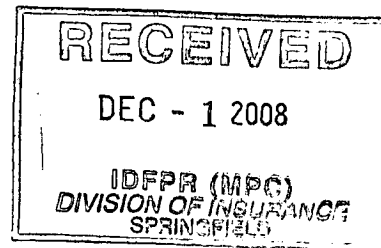
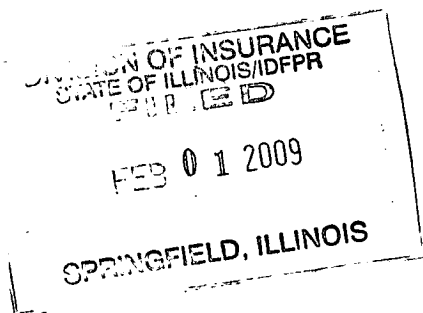
\*\*Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company

Name of Company

Bonnie RoederState Filings Analyst

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

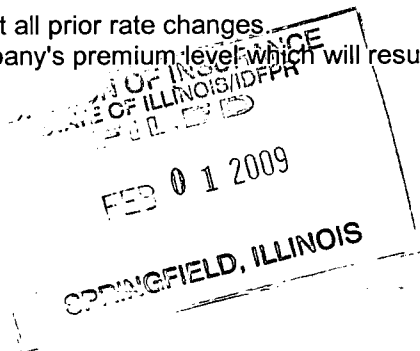
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	10,035,405	-22.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

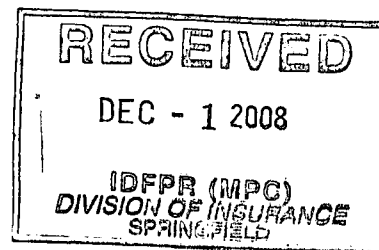
\*\*Change in Company's premium level which will result from application of new rates.

LM Insurance Corporation

Name of Company

Bonnie RoederState Filings Analyst

Official - Title



## ILLINOIS SUMMARY SHEET

## FORM RF-3

**RECEIVED**

DEC 16 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective January 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$528,276	3.1%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**  
JAN 01 2009  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

Adoption of NCCI's Advisory Loss Costs, Miscellaneous Values and Retrospective Rating Plan Manual State Special Rating Values

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance  
Name of Company

Donna Bauman - P&C Filing Analyst  
Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,989,895	18.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

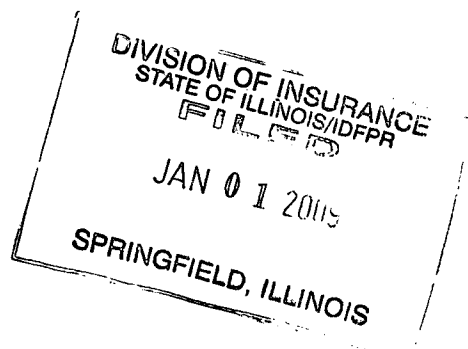
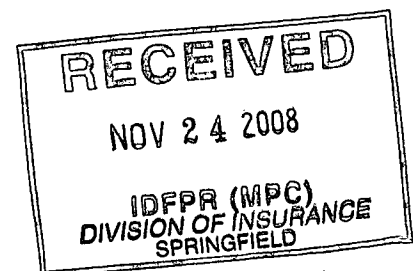
\*\*Change in Company's premium level which will result from application of new rates.

Maryland Casualty Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title



Change in Company's premium or rate level produced by rate revision effective January 1, 2009		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,782,000</u>	<u>4.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

(1) We are adopting the NCCI approved 1/1/2009 voluntary loss costs.

(2) We are revising our premium discount tables. Please see Exhibit 1.

This is the NCCI Advisory Type B table.

(3) We are revising downward deviations for classes 9082 and 9083 which currently vary by company.

Please see Exhibit 2.

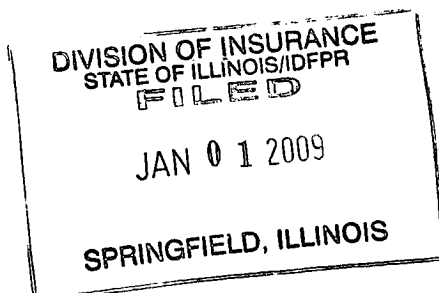
\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Mid-Century Insurance Company  
Name of Company

*James J. Gebhard*

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation





## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	\$225,082	-6.2%

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Applicable to all territories and classifications \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI

Loss Costs referenced in approval circular IL-2008-13 and to change the pricing of Midwest Employers Casualty Company from advisory rating  
to the use of a loss cost multiplier of 1.41 as part of the company's new pricing structure. Please see the filing memorandum for details.

Company is filing its schedule rating plan. \_\_\_\_\_

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Midwest Employers Casualty Company

Name of Company

Stacye E. Adams – Sr. Compliance &amp; Regulatory Specialist

Official — Title

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DEC - 8 2008

**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD**

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	3,439,022	7.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary  
Market Advisory Loss Costs and Rating Values effective January 1, 2009

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

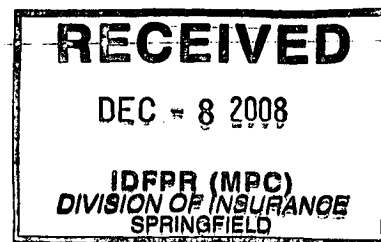
SPRINGFIELD ILLINOIS

Mitsui Sumitomo Insurance  
Company of America

Name of Company

Scott M. Herbert, Sr. Gov't.  
Affairs Analyst

Official - Title



Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/09

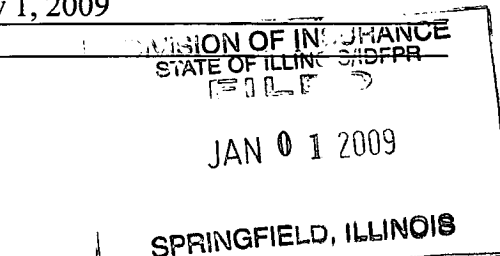
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other    Workers'	1,252,789	4.5%
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary  
Market Advisory Loss Costs and Rating Values effective January 1, 2009

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Mitsui Sumitomo Insurance  
USA Inc.

Name of Company

Scott M. Herbert, Sr. Gov't.  
Affairs Analyst

Official - Title

# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: ~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	16,145,411	5.1%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

National Fire Insurance Company of Hartford

Name of Company

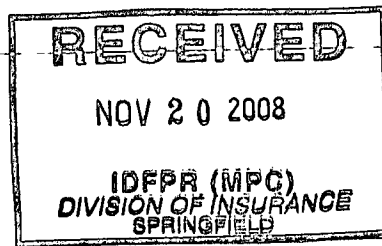
Sean Ramlal - Actuarial Analyst

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

MAR 01 2009

SPRINGFIELD, ILLINOIS



Illinois

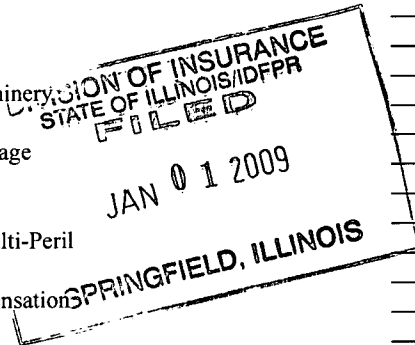
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

1/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	16,145,411	5.1%
16. Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of 1/1/2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

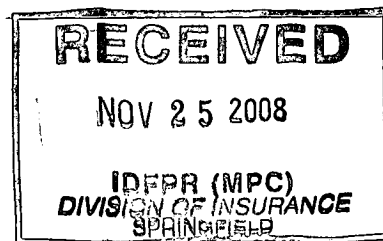
National Fire Insurance Company of Hartford  
Name of Company

Sean Ramlal - Actuarial Analyst  
Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$2,961,064	+5.6%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Filing to adopt NCCI's Approved Loss Costs and Rating Values

per Circulars IL-2008-07 and IL-2008-13

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

National Surety Corporation

Name of Company

Senior Vice President - Chief Compliance Officer

Official - Title

STATE OF ILLINOIS/IDFP  
FILED  
JAN 01 2009  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	377,925	4.9%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the loss cost multiplier from 1.509 to 1.543.

\* Adjusted to reflect all prior rate changes

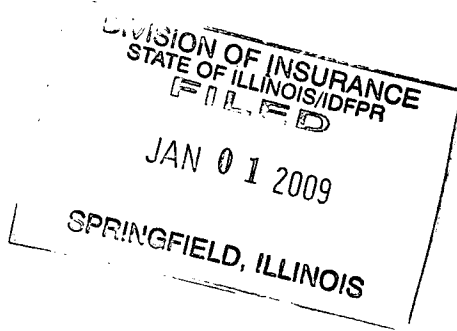
\*\* Changes in Company's premium level which will result from application of new rates.

NIPPONKOA Insurance Company

Name of Company

2nd Vice President

Official - Title



WC-IL-7

Printing 08/95

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	3,152,268	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

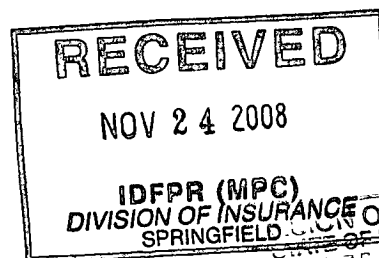
\*\*Change in Company's premium level which will result from application of new rates.

Northern Insurance Company of New York

Name of Company

Denise Goode, Secretary

Official - Title



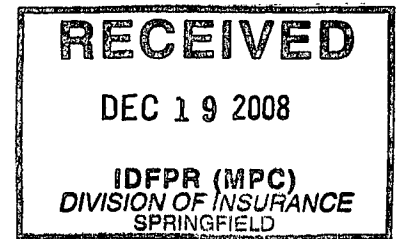
JAN 01 2009  
SPRINGFIELD, ILLINOIS



## Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective 1/1/2009 (NCCI Loss Cost Revision)

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change.(+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damag Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$813, 001	
Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: Not Applicable

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

We are filing to adopt /accept NCCI's loss cost revision effective  
1/1/2009 as filed and approved in Circular IL-2008-13. There are no other revisions.

\*Adjusted to reflect all prior rate changes.

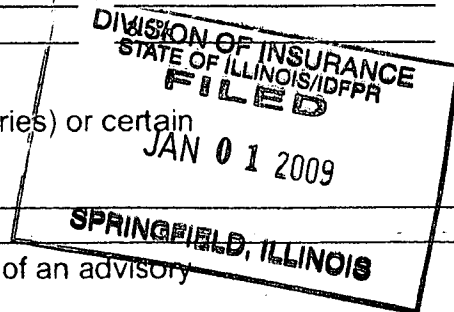
\*\*Change in Company's premium level which will result from application of new  
rates.

Nova Casualty Company

Name of Company

Carolyn J. White - Sr. Compliance Analyst

Official - Title



## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	12,976,874	+2.7%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 1/1/09 Advisory Rates

\* Adjusted to reflect all prior rate changes.

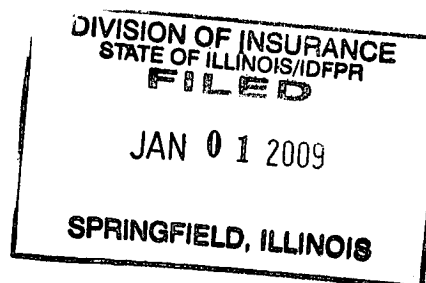
\*\* Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official — Title

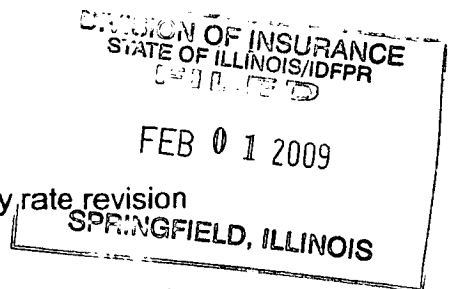


**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 2-1-09 New; 3-1-09 Renewal



	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$44,849,128	+5.8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adopt NCCI Rate Revision

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

PEKIN INSURANCE COMPANY

Name of Company

R.M. MCGANN - Director of Pricing & Regulatory Filings, Assistant Secretary

Official - Title

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DEC 18 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	6,426,009	1.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/09 loss costs published by NCCI (NCCI Circular # IL - 2008 - 07)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Pacific Indemnity Company

Name of Company

Assistant Vice President

Official - Title

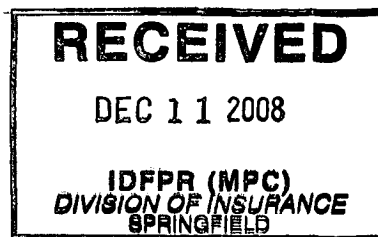
DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

Form (RF-3)

# SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

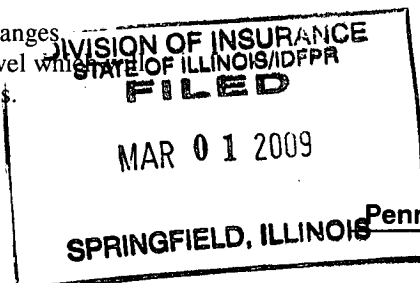
**March 1, 2009 New  
May 1, 2009 Renewal**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<b>\$863,468</b>	<b>+4.5%</b>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
**No, the filing applies to all territories and classes.**

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
**Adoption of January 1, 2009 NCCI loss costs with a change in our current loss cost multiplier of 1.657 to 1.73. This includes a 15% modification.**

- \* Adjusted to reflect all prior rate changes
- \*\* Change in Company's premium level which result from application of new rates.



**Penn Millers Insurance Company**  
Name of Company

**Stephanie Smith - Business Analyst II**  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2-1-2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	2,094,328	16.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 8045 will now have a separate loss cost multiplier of 1.427 and all other classes will have a loss cost multiplier of 1.644. Please refer to the attached memorandum and exhibits for documentation of this change.

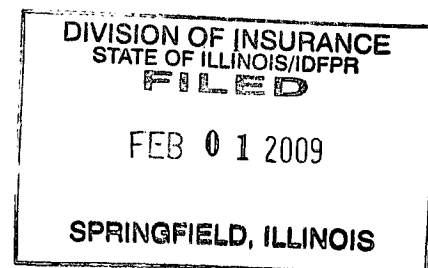
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2008-13.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company  
Name of Company

Kris Laubenthal - Rate Filing Analyst  
Official - Title



# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,136,138	6.9%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the  
loss cost multiplier from 2.264 to 2.315. The filing maintains the current approved deviation of +50.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Phoenix Insurance Company

Name of Company

2nd Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

WC-IL-7

Printing 08/95

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other    Workers Compensation	\$586,352	+3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI Advisory Rates and Rating Values referenced in Circular #IL-2008-13.

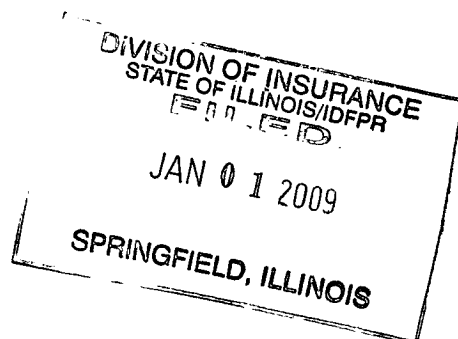
\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Preferred Professional Insurance Company  
 Name of Company

Denise A. Hill, VP, Corporate Compliance Officer  
 Official - Title

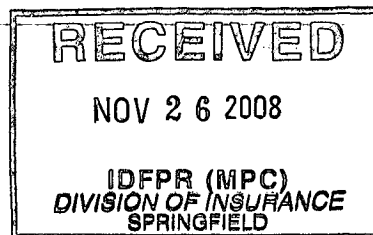
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## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

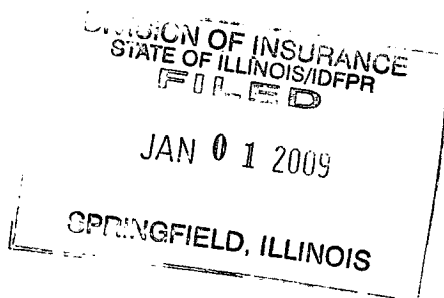
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,357	3.5%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NA

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Protective Insurance  
Company is a member of NCCI. We wish to adopt the approved advisory rates  
referenced in NCCI Circular IL-2008-13.

\* Adjusted to reflect all prior rate changes.

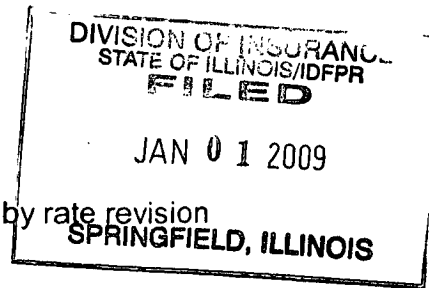
\*\* Change in Company's premium level which will result from application of new rates.



Protective Insurance Company  
Name of Company  
Jeremy Jaynes - Compliance Analyst  
Official — Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**Change in Company's premium or rate level produced by rate revision  
effective JANUARY 1, 2009

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>WORKERS COMPENSATION</u> <u>Life of Insurance</u>	\$691,941	+3.5%

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: NO

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

ADOPTING LOSS COST AND RATING VALUES EFFECTIVE JANUARY 1, 2009

AS PER NCCI APPROVAL CIRCULAR IL-2008-13 AND NCCI CIRCULARS IL-2008-07 AND IL-2008-09. WE WILL NOT BE  
AMENDING OUR CURRENTLY APPROVED LOSS COST MULTIPLIER OF 1.375 AND EXPENSE CONSTANT OF \$280.00.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.PUBLIC SERVICE MUTUAL INSURANCE COMPANYName of CompanyANITA FITCH - WORKERS COMPENSATION ANALYSTOfficial - Title

**Section 754 EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET****RECEIVED**

NOV 26 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision  
effective 01/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	350,000	+3.5 increase
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Adoption of NCCI Voluntary Market Advisory Rates,Loss Costs, and Rating Values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

Reinsurance Company of America, Inc.Name of CompanyDawn Flick, ComplianceOfficial - Title

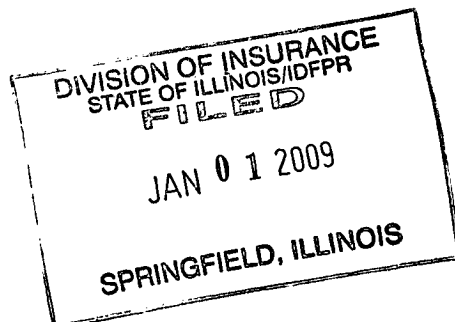
## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$2,033,534	+3.5%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adoption of NCCI Advisory Rates effective 01/01/2009.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

Rockwood Casualty  
Insurance Company - FED  
TAX ID 25-1620138  
Name of Company

Andra M. Snyder, Regulatory  
Compliance Officer

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

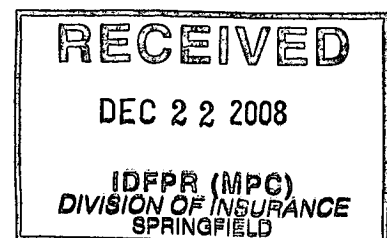
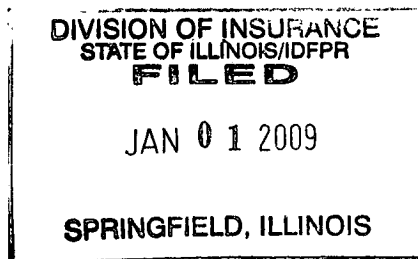
Change in Company's premium or rate level produced by rate revision effective January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>\$100,000 estimated</u>	<u>+3.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2009 as published in NCCI approval circular IL-2008-13 and in Filing Circular IL-2008-07.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company  
Name of CompanyMarilyn Tinnell, CPCU - Compliance Manager  
Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u> <u>Line of Insurance</u>	<u>\$1,500,000 estimated</u>	<u>+3.5%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2009 as published in NCCI approval circular IL-2008-13 and in Filing Circular IL-2008-07.

\*Adjusted to reflect all prior rate changes.

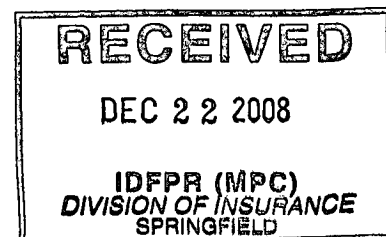
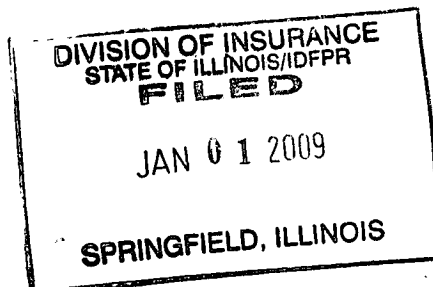
\*\*Change in Company's premium level which will result from application of new rates.

Safety National Casualty Corporation

Name of Company

Marilyn Tinnell, CPCU - Compliance Manager

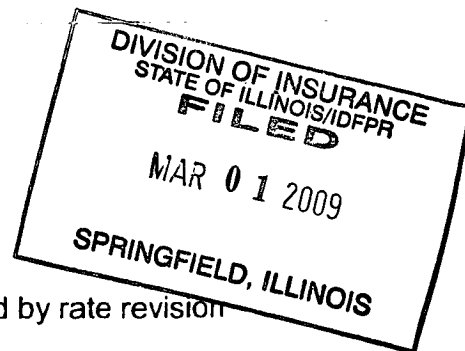
Official - Title



## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective 03/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	10,520,817	+5.9
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Referenced NCCI adoption is updated as shown.

Revised manual page WCR-1 to 11 03-01-2009 replaces WCR-1 to 11 01-01-2008

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

SECURA Insurance, A Mutual Company

Name of Company

Daniel P. Ferris - Official

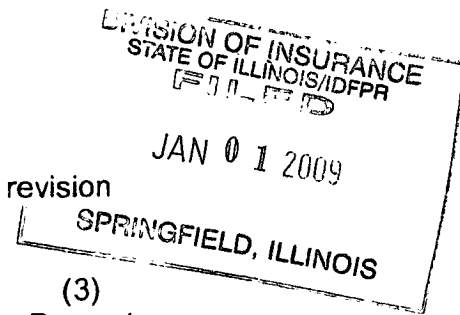
Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 01/01/2009



	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Worker's Compensation</u> Life of Insurance	<u>\$14,100,000</u>	<u>+2.5%</u>

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adoption of NCCI Voluntary Advisory Rates effective  
January 1, 2009.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Society Insurance, a mutual company

Name of Company

Chad Thum - Staff Underwriting Manager

Official - Title



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DEC 15 2008

**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD**

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>1,788,869</u>	<u>+3.8%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting Illinois - Voluntary Market - Advisory Rates and Rating Values as contained in circular IL-2008-13Effective 01/01/2009

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED**

JAN 01 2009

**SPRINGFIELD, ILLINOIS**Sompo Japan Ins. Co. of America  
Name of CompanyMary Lynn Teel, State Filings Analyst  
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,032,621	3.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the  
loss cost multiplier from 1.056 to 1.080. The filing maintains the current approved deviation of -30.0%.

- \* Adjusted to reflect all prior rate changes
- \*\* Changes in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

The Standard Fire Insurance Company

Name of Company

2nd Vice President

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective                      New and Renewal 1-1-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u> Line of Insurance	184,266 (2007 DWP)	+ 3.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_  
National Council on Compensation Insurance, Inc. rate and rating value change.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Standard Mutual Insurance Company

Name of Company  
*Larry L. Boehm*

Larry L. Boehm, Assistant Underwriting Manager

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other _____		
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED  
JAN 01 2009  
SPRINGFIELD, ILLINOIS

\$2,561,984

3.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI

Loss Costs referenced in approval circular IL-2008-13. The loss cost multiplier for StarNet Insurance Company of 1.57 remains unchanged from the previously approved filing.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

StarNet Insurance Company

Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist

Official — Title

**RECEIVED**

DEC - 4 2008

**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD****ILLINOIS SUMMARY SHEET****FORM RF-3**Change in Company's premium or rate level produced by rate revision effective January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,377,000 (2008 Estimate)	3.8%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

IL-2008-07 -- Illinois--Voluntary Market -- Advisory Loss Costs, Rates, Rating Values Effective January 1, 2009

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

SUA Insurance CompanyName of CompanySenior Counsel, Assistant SecretaryOfficial — Title**DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED**

JAN 01 2009

**SPRINGFIELD, ILLINOIS**

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DEC - 1 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective 01/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other 16.0 - Workers Compensation	\$858,244	+3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of NCCI Illinois Workers  
Compensation - Voluntary Market-Advisory  
Rates and Rating Values Effective January  
1, 2009DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

\* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

Gloria A. Goldbranson, FLMI - Compliance Support Leader

Official - Title

# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: ~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,560,637	4.0%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Transportation Insurance Company

Name of Company

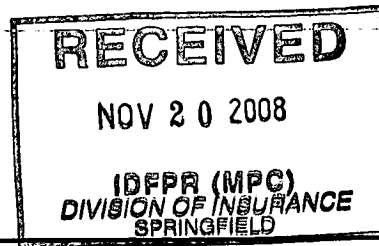
Sean Ramlal - Actuarial Analyst

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

MAR 01 2009

SPRINGFIELD, ILLINOIS



Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

1/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,560,637	4.0%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
1/1/2009

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFP  
FILED

JAN 01 2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

SPRINGFIELD, ILLINOIS

Transportation Insurance Company  
Name of Company

Sean Ramlal - Actuarial Analyst  
Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,371,162	8.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the  
loss cost multiplier from 1.962 to 2.006. The filing maintains the current approved deviation of +30.0%.

- \* Adjusted to reflect all prior rate changes
- \*\* Changes in Company's premium level which will result from application of new rates.

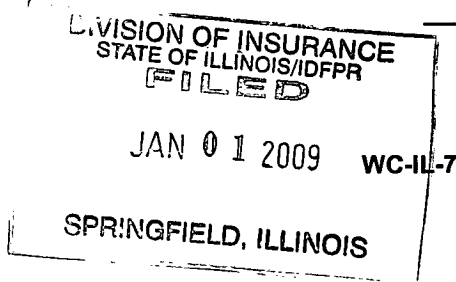
Travelers Casualty & Surety Company

Name of Company

2nd Vice President

Official - Title

Printing 08/95



# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,244,805	6.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the  
loss cost multiplier from 1.208 to 1.235. The filing maintains the current approved deviation of -20.0%

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Insurance Company of America

Name of Company

2nd Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

WC-IL-7

SPRINGFIELD, ILLINOIS

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	18,147,302	5.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the loss cost multiplier from 1.509 to 1.543.

\* Adjusted to reflect all prior rate changes

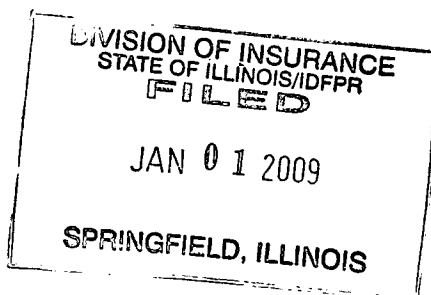
\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of America

Name of Company

2nd Vice President

Official - Title



WC-IL-7

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	69,676,670	5.6%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the  
loss cost multiplier from 1.811 to 1.852. The filing maintains the current approved deviation of +20.0%.

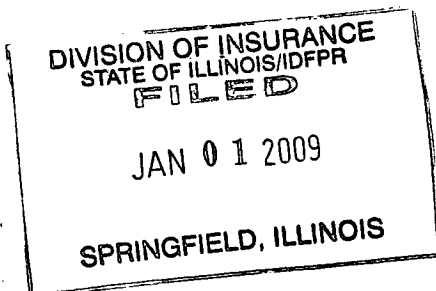
- \* Adjusted to reflect all prior rate changes  
 \*\* Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company

Name of Company

2nd Vice President

Official - Title



WC-IL-7

Printing 08/95

# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	10,167,970	4.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

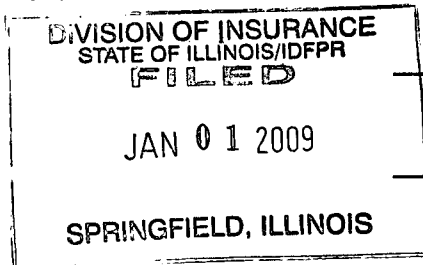
Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the loss cost multiplier from 1.509 to 1.543.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.



Travelers Indemnity Company of Connecticut

Name of Company

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	49,456,006	5.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2008-13. The filing also increases the  
loss cost multiplier from 1.359 to 1.389. The filing maintains the current approved deviation of -10.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

2nd Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS WC-IL-7

Printing 08/95

Change in Company's premium or rate level produced by rate revision effective January 1, 2009		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$13,135,000</u>	<u>3.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

(1) We are adopting the NCCI approved 1/1/2009 voluntary loss costs.

(2) We are revising our premium discount tables. Please see Exhibit 1.

This is the NCCI Advisory Type B table.

(3) We are revising downward deviations for classes 9082 and 9083 which currently vary by company.

Please see Exhibit 2.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

Truck Insurance Exchange  
Name of Company

*James J. Gebhard*

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation

JAN 01 2009

SPRINGFIELD, ILLINOIS

# Illinois

## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective: ~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	22,596,428	4.1%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of  
~~1/1/2009~~ \*\*\*CORRECTION\*\*\* AMENDED EFFECTIVE DATE OF 3/1/2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Valley Forge Insurance Company

Name of Company

Sean Ramlal - Actuarial Analyst

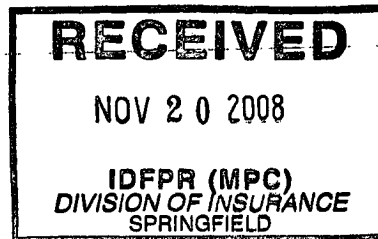
Official - Title

DEPARTMENT OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

MAR 01 2009

SPRINGFIELD, ILLINOIS





Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

1/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	22,596,428	4.1%
16. Other:		

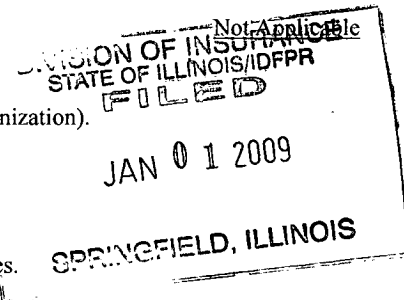
Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2009 NCCI IL voluntary rates with an effective date of 1/1/2009

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

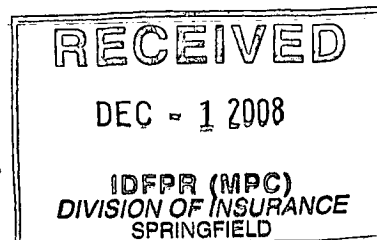


Valley Forge Insurance Company  
Name of Company

Sean Ramlal - Actuarial Analyst  
Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 1/1/2009

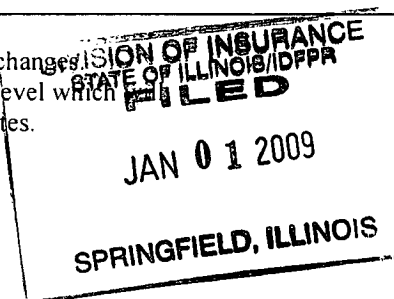
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Work Comp	3,642,391	5.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

- \* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which result from application of new rates.



Vanliner Insurance Company  
 Name of Company

*Tina Kampwerth*

Tina Kampwerth  
 Product Manager

Official - Title

**RECEIVED**

DEC 18 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

01/01/2009

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers' Compensation</u>	2,240,780	1.0%
Line of Insurance	_____	_____

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Applies to all territories and classes. \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of the 1/1/09 loss costs published by NCCI (NCCI Circular # IL - 2008 - 07) \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Vigilant Insurance Company

Name of Company

Assistant Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	17,588,470	-1.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

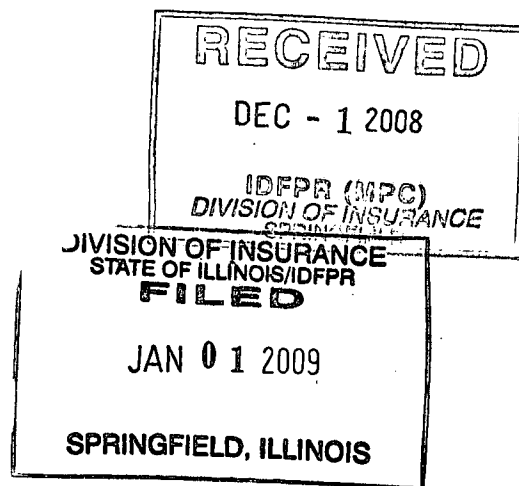
Wausau Business Insurance Company

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	3,562,858	-7.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

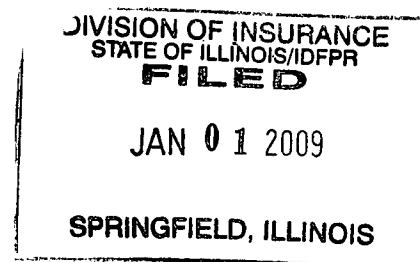
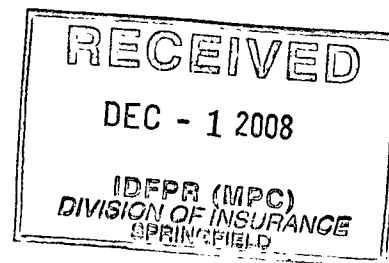
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Wausau General Insurance Company  
Name of Company

Bonnie Roeder      State Filings Analyst  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	19,990,879	+0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

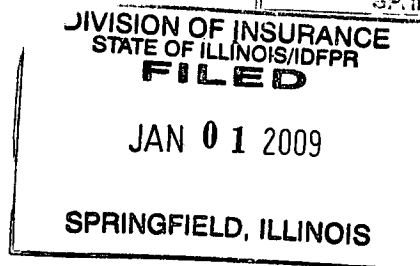
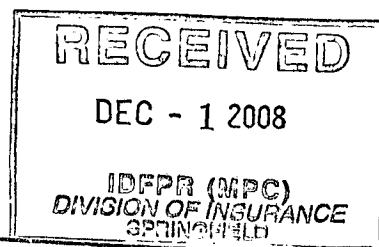
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2009 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Wausau Underwriters Insurance Company  
Name of Company

Bonnie Roeder                      State Filings Analyst  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	\$4,989,801	3.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are filing to adopt loss costs effective 1/1/09.

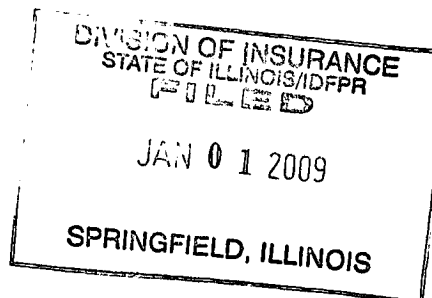
\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Official - Title



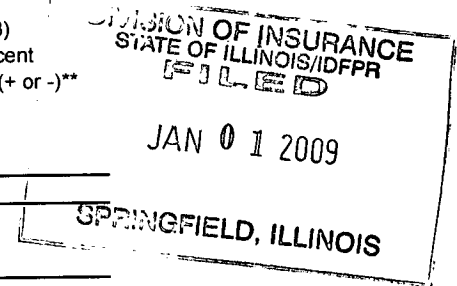
**ILLINOIS**

**ILLINOIS SUMMARY SHEET  
FORM RF-3**

Change in company's premium or rate level produced by rate revision effective

01/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	16,679,000	6.4%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

We are filing to adopt the 1/1/09 approved NCCI rates and making a change to our current class deviations.

\* Adjusted to reflect all prior rate changes.

\*\* Change in company's premium level which will result from application of new rates.

Zenith Insurance Company  
Name of Company

Jason Clarke, Senior Vice President & Actuary  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	37,880,875	8.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

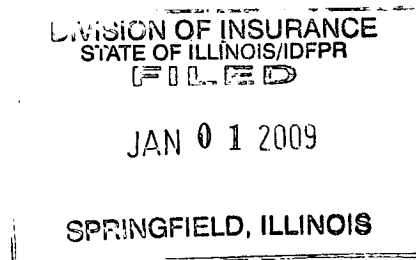
\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	1,929,054	20.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI advisory loss costs and rating values effective January 1, 2009

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company of Illinois

Name of Company

Denise Goode, Secretary

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

